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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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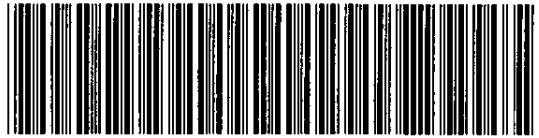
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/30/08--01010--001 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 30 PM 1:35

APPROVED
AND
FILED

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: THE KREWE OF ELI, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: PATRICIA E. SCUOTTO
Name (Printed or typed)

8562 SHUTER CT
Address

JACKSONVILLE, FLORIDA 32220
City, State & Zip

(904) 955-2702
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

APPROVED
AND
FILED
08 JAN 30 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
THE KREWE OF ELI, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
8562 SHUTER CT
JACKSONVILLE, FL 32220

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RAISE FUNDS TO SUPPORT THE AMERICAN DIABETES ASSOCIATION THROUGH A
FAMILY AND FRIENDS BICYCLE TEAM CALLED KREWE OF ELI

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
EACH DIRECTOR/OFFICER VOLUNTEERED

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

PATRICIA E. SCUOTTO	PRESIDENT	8562 SHUTER CT	JACKSONVILLE, FL 32220
MARIA PEDROSA	SECRETARY	8129 PINE SPRINGS LN	JACKSONVILLE, FL 32244
VICKIE SZALA	TREASURER	8345 PEPPERWOOD CT	JACKSONVILLE, FL 32244

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

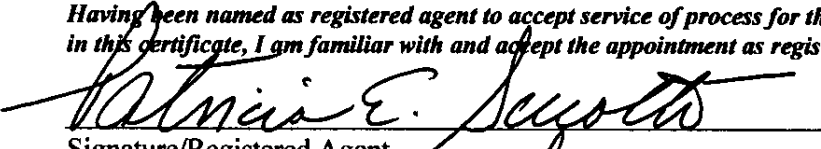
PATRICIA E. SCUOTTO
8562 SHUTER CT
JACKSONVILLE, FL 32220

ARTICLE VII INCORPORATOR

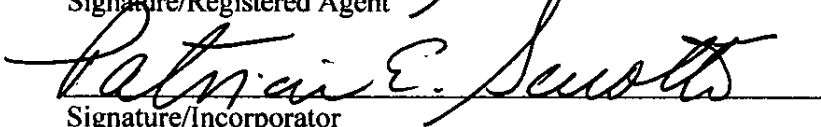
The name and address of the Incorporator is:

PATRICIA E. SCUOTTO
8562 SHUTER CT
JACKSONVILLE, FL 32220

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent

1.21.08
Date


Signature/Incorporator

1.21.08
Date